

Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1

of

1

Attorney Docket Number

10/587,682

Application Number

10/587,682

Filing Date

July 28, 2006

First Named Inventor

July 28, 2006

Group Art Unit

1625

Examiner Name _____

Rahmani, Niloofar

AUG 21 2008

AUG 21 2008

NON PATENT LITERATURE DOCUMENTS

Examiner Signature _____ Date Considered _____

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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